

L16000227358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

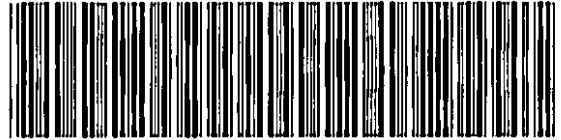
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 10 PM 12:01

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M. MILLIGAN

SEP 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FrontLine Transportation LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hershel Roby
Name of Person
FrontLine Transportation LLC
Firm/Company
537 Silver Sliver Ln.
Address
Tallahassee / FL / 32303
City/State and Zip Code
Frontline-trans@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hershel Roby at (850) 524-3577
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
27 SEP 10 PM 12:01
SECRETARY OF STATE
FBI LAB 3500 F. 1000

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marybeth West		<input type="checkbox"/> Add
		326 Goldenrod Dr.	<input checked="" type="checkbox"/> Remove
		Tallahassee, FL 32303	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9-10-11, 2018

Signature of a member or authorized representative of a member

Herschel Roby

Typed or printed name of signee

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Filing Fee: \$25.00

SECRET OF SECRET
AT 114857Z-036

2014 SEP 10 PM 12:01

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